

# MEDICATION PERMISSION FORM

The Benton Community School Corporation requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the **ORIGINAL CONTAINER**.
  - If it is a prescription medicine, please ask the pharmacist to fix a separate container for school with a duplicate label.
  - If it is an over-the-counter medication, please send the whole container.
  - **MEDICATION SENT IN A ZIP-LOCK BAGGIE OR NOT IN THE ORIGINAL CONTAINER WILL NOT BE GIVEN.**
3. A new medication permission form must be completed whenever there is any change in the prescription.
4. Herbal medications will not be administered at school.
5. Please see student handbook for more information.

**\*\*PLEASE NOTE:** Indiana State Law “prohibits a school from sending medication home with a student, except medication possessed by a student for self-administration: under IC 20-8.1-5.1-7.5. Parents are required to pick up medicines at school. Inhalers that are used for treatment of asthma are the only exception to this policy. If medications are not picked up before the last day of school, they will be discarded.

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

AMOUNT TO BE GIVEN: \_\_\_\_\_ TIME TO BE GIVEN: \_\_\_\_\_

TIME LAST DOSE WAS GIVEN AT HOME: \_\_\_\_\_

HOW MANY DAYS IS MEDICINE TO BE GIVEN? \_\_\_\_\_

CONDITION FOR WHICH CHILD IS BEING TREATED: \_\_\_\_\_

ANY KNOWN DRUG ALLERGIES? \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to receive the above medication as directed.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DAYTIME PHONE